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TALLAHASSEE, FLORIDA
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M. MOON
JAN 03 2017

October 30, 2016

To Whom It May Concern,

I do not wish to reinstate SINAI SOLUTIONS, INC. # P1500060051. Attached is SINAI SOLUTIONS, INC.'S new filing of Articles of Incorporation along with the required fee of \$70.

Thank you,

Ephraim Sternberg, President



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SEC. CLERK OF STATE
TOLSON, MD.

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SINAI SOLUTIONS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: EPHRAIM STERNBERG
Name (Printed or typed)
3030 N. ROCKY POINT DRIVE, STE 150A
Address
TAMPA, FL 33607
City, State & Zip
1-773-269-6513
Daytime Telephone number
GABRIEL.WISE@WISECPAGROUP.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME SINAI SOLUTIONS, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
8975 ROYAL BIRKDALE LANE
ORLANDO FL 32819

Mailing address, if different is:
3030 N. ROCKY POINT DRIVE, STE 150A
TAMPA, FL 33607

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY LEGAL AND LAWFUL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>EPHRAIM STERNBERG, PRESIDENT</u>	Name and Title:	_____
Address	<u>8975 ROYAL BIRKDALE LANE</u>	Address:	_____
	<u>ORLANDO, FL 32819</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: REGISTERED AGENTS INC.
Address: 3030 N. ROCKY POINT DRIVE, STE 150A
TAMPA, FL 33607

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EPHRAIM STERNBERG
Address: 8975 BIRKDALE LANE
ORLANDO FL 32819

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Bill Hanna

10-30-2016

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X *[Signature]*

10-30-2016

Required Signature/Incorporator

Date